2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004
Secretary of State

DOCUMENT# F01000001754

Entity Name: V.M.I. FOUNDATION, INCORPORATED

Current Principal Place of Business:

504 LETCHER AVE.
LEXINGTON, VA 24450

New Principal Place of Business:

304 LETCHER AVE.
LEXINGTON, VA 24450

Current Mailing Address:

P.O. BOX 932
LEXINGTON, VA 24450

New Mailing Address:

FEI Number: 54-0505966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HALL, CONRAD M
Address: 90 JAMESTOWN CRESCENT
City-St-Zip: NORFOLK, VA 23508

Title: V ( ) Delete
Name: ADAMS, JAMES L DR.
Address: P.O. BOX 932
City-St-Zip: LEXINGTON, VA 24450

Title: V ( ) Delete
Name: BRYAN, WARREN J
Address: P.O. BOX 932
City-St-Zip: LEXINGTON, VA 24450

Title: VT ( ) Delete
Name: PRASNICKI, DAVID L
Address: P.O. BOX 932
City-St-Zip: LEXINGTON, VA 24450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. PRASNICKI VT 03/26/2004

Electronic Signature of Signing Officer or Director — Date